



Commissioner for Patents
Washington, DC 20231
www.uspto.gov



CONFIRMATION NO. 3474

Bib Data Sheet

SERIAL NUMBER 09/434,088	FILING DATE 11/05/1999 RULE	CLASS 382	GROUP ART UNIT 2625	ATTORNEY DOCKET NO. ITI-02
APPLICANTS HUI HU, WAUKWSHA, WI; JUN ZHANG, SHOREWOOD, WI;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 12/02/1999				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>Jiay</i> Initials	STATE OR COUNTRY WI	SHEETS DRAWING 2	TOTAL CLAIMS 16
INDEPENDENT CLAIMS 1				
ADDRESS Hui Hu 10437 Innovation Drive Suite 236 Wauwatosa, WI 53226-4815				
TITLE TELERADIOLOGY SYSTEMS FOR RENDERING AND VISUALIZING REMOTELY-LOCATED VOLUME DATA SETS				
FILING FEE RECEIVED 380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER OF PATENTS AND TRADEMARKS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3474

SERIAL NUMBER 09/434,088	FILING OR 371(c) DATE 11/05/1999 RULE	CLASS 382	GROUP ART UNIT 2625	ATTORNEY DOCKET NO. ITI-02
-----------------------------	--	--------------	------------------------	----------------------------------

APPLICANTS

HUI HU, WAUKWSHA, WI;
 JUN ZHANG, SHOREWOOD, WI;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **

** 12/02/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 2	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

GLENN M. KUBOTA
 MORRISON & FOERSTER LLP.
 555 WEST FIFTH STREET
 SUITE 3500
 LOS ANGELES, CA 90013-1024

Hui Hu
 10437 Innovation Drive
 Suite 236
 Wauwatosa, WI 53226-4815

TITLE

TELERADIOLOGY SYSTEMS FOR RENDERING AND VISUALIZING REMOTELY-LOCATED VOLUME DATA SETS

FILING FEE RECEIVED 380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
----------------------------	---	---

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/434,088	11/05/99	382	2721	ITI-02

APPLICANT

HUI HU, WAUKWSHA, WI; JUN ZHANG, SHOREWOOD, WI.

CONTINUING DOMESTIC DATA***

VERIFIED

JHu

371 (NAT'L STAGE) DATA***

VERIFIED

Jun

FOREIGN APPLICATIONS***

VERIFIED

JHu

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/02/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WI	SHEETS DRAWING 2	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Initials	Initials				

ADDRESS

HUI HU
20720 W WATERTOWN ROAD
SUITE 201
WAUKESHA WI 53186

TITLE

TELERADIOLOGY SYSTEMS FOR RENDERING AND VISUALIZING REMOTELY-LOCATED
VOLUME DATA SETS

FILING FEE RECEIVED \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------	---	---